HDFC ERGO General Insurance Company Limited

HDFC ERGO GENERAL INSURANCE

PRE-AUTHORISATION REQUEST FORM

Name of Proposer/Employee _____ CARD No.*:_____ Policy No*._____

Name of Patient _____

Product Name _____ Relation _____ Age/DOB D D M M Y Y Y Y

Group/Company Name of the employee _____

Employee Code _____ Mobile_____ Tel No._____

Communication Address_____ Email ID _____

Hospital Details

Name of Hospital*PUNYASHLOK AHILYADEVI HOLKAR HEAD & NECK CANCER INSTITUTE OF INDIA Hosp. code HEGIC -HS-1085478 Location MUMBAI

Hospital Registration No. 888002317 Address CS 254, BARRISTER NATH PAI MARG, DOCKYARD ROAD, MUMBAI 400010

Hosp.Tel. No. 022 69450100 Hosp. Fax No. ---- Hosp. Email ID tpa@hncii.com

Treating Doctor Details

Name of Treating Doctor:_____ Reg. No._____

Qualification: _____ Mobile: _____ Clinic Tel. _____

Details of Diagnosis

Symptoms on Admission _____ Date of first Onset of symptoms D D M M Y Y Y Y

Ailment*_____ Date of First Diagnosis D D M M Y Y Y Y Type Of Admission* ☐ Emergency ☐ Planned

Differential Diagnosis* _____ Investigation Findings _____

Date of Admission D D M M Y Y Y Y Expected Date of Discharge D D M M Y Y Y Y

Past History (Please Specify Duration)

	Since	Remarks		Since	Remarks
Hypertension			H/O surgery		
Dyslipidaemia			H/O Similar/Related Complaints		
Diabetes			H/O of any Cardiac Ailment		
If others specify			H/O: Alcohol/Drug abuse		

Conservative (Please Select)

Antibiotics	☐ Inject ☐ Oral	IV Transfusions	☐ Inject ☐ Oral
Neuro-musc. Drugs	☐ Inject ☐ Oral	Chemotherapy	☐ Inject ☐ Oral
Cardiac Drugs	☐ Inject ☐ Oral	Continuous Traction	☐ Inject ☐ Oral
Respiratory Drugs	☐ Inject ☐ Oral	Radiation	☐ Inject ☐ Oral

Other* (please specify) : _____

Surgical

Date of surgery D D M M Y Y Y Y Type of Anesthesia ☐ LA ☐ GA ☐ Epidural ☐ Spinal ☐ Regional Block Other* : _____

Procedure Name _____

----------NOT APPLICABLE ----------

Maternity

Last Menstrual Period D D M M Y Y Y Y Expected Date of Delivery D D M M Y Y Y Y

Mode of Delivery : Normal/LSCS/Abortion/Others _____ Indication for LSCS _____

Obstetric History* Gravida_____ Para_____ Abortion_____ Live_____

----------NOT APPLICABLE ----------

Road Travel Accident

H/O Alcohol during accident ☐ Yes ☐ No MLC/FIR done for RTA ☐ Yes ☐ No MLC/FIR No _____

Estimate of Expenses (Please Select From Below) (Accommodation Type -Room / ICU)

Room Category* ☐ General Ward ☐ Twin Sharing ☐ Single Non AC ☐ Single AC ☐ Deluxe/Suite ☐ Others

ICU Category ☐ ICU ☐ NICU ☐ MICU ☐ SICU ☐ PICU ☐ NICU

Length of Stay ☐		No of Visits ☐		Room No ☐		Bed No ☐
Room Rent / Day	Rs.	Pharmacy	Rs.	Surgeon charge	Rs.	
Investigations	Rs.	Physician Charge	Rs.	Asst. Surgeon charge	Rs.	
Package	Rs.	Nursing	Rs.	Anesthetist	Rs.	
Other	Rs.	OT charges	Rs.	Consumables	Rs.	
TOTAL*						

Total in words _____

*For RTA cases - **MLC/FIR is mandatory** *For CATARACT cases - **Type & cost of LENS is mandatory** * Any Implant/Stent/Sticker **Invoice Mandatory**

DECLARATION

I hereby declare that the information provided in the form is true to the best of my knowledge, and authorize HDFC ERGO to seek any further information from the treating doctor / hospital if needed. I undertake that if cashless facility is availed, all original documents, including the discharge summary and investigation reports shall be handed over to the hospital at the time of discharge along with the signed claim form. I am aware that without these documents the claim cannot be processed and I am liable for the same. I undertake to pay all non-medical expenses incurred in the hospital at the time of discharge. If the hospitalization comes under any of the policy exclusions & should this authorization become null and void due to wrong and/or misleading and/or incorrect information & is not reimbursed by the insurance company, I undertake to pay the amount to HDFC ERGO who have kindly extended credit facility to the hospital

Date D D M M Y Y Y Y

Signature & Stamp of Treating Dr./ Hospital _____ **Patient/Relative's Sign** _____

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Instructions:
A) Fields marked with '*'are mandatory fields.
B) Please Fill the form in English and in BLOCK Letters.
C) Please read guidelines / detailed instructions overleaf
D) List of Two character ISO-3166 country codes are available overleaf

Application Type : ❑ New ❑ Update
Account Type* : ❑ Normal ❑ Small
KYC Number :

❑ PERSONAL DETAILS

❑ PHOTO

Signature / Thumb Impression

Name* *(Same as ID proof)* : Prefix First Name Middle Name Last Name
Maiden Name (If any*) : Prefix First Name Middle Name Last Name
Father / Spouse Name* : Prefix First Name Middle Name Last Name
Mother Name* : Prefix First Name Middle Name Last Name
Date of Birth* : D D - M M - Y Y Y Y Gender* : ❑ Male ❑ Female ❑ Transgender
Marital Status* : ❑ Married ❑ Unmarried Nationality* : ❑ Indian ❑ Others Country Name
Residential Status* : ❑ Resident Individual ❑ Non Resident Indian ❑ Foreign National ❑ Person of Indian Origin
Occupation* : ❑ Private Sector Service ❑ Public Sector ❑ Government Sector ❑ Business ❑ Professional
❑ Self Employed ❑Retired ❑Housewife ❑ Student❑ Other Please Specify
Tick if applicable : ❑ Residence for Tax purposes in jurisdiction(s) outside India

ADDITIONAL DETAILS REQUIRED* *(If Applicant is resident outside India for Tax purposes)*
(Please read guidelines / details for 'Jurisdiction of Residence' and 'Tax Identification Number')
ISO -3166 Country Code of Jurisdiction of Residence* :
Tax Identification Number or equivalent (If issued by jurisdiction)* :
Place / City of Birth* : ISO -3166 Country Code of Birth* :

❑ PROOF OF IDENTITY (PoI)* *(One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)*

❑ PAN : ❑ UID (Aadhaar) :
❑ Voter ID Card : ❑ NREGA Job Card :
❑ Passport Number : Passport Expiry Date : D D - M M - Y Y Y Y
❑ Driving License : Driving License Expiry Date : D D - M M - Y Y Y Y
❑ Others (any document notified by the central government) :

❑ PROOF OF ADDRESS (PoA)

CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS *(One Certified Copy of any one of the following Proof of Address [PoA] needs to be submitted)*
Line 1* :
Line 2 :
Line 3 : City / Town / Village :
State/U.T* : Pin / Post code : ISO -3166 Country Code :
Proof of Address* : ❑ Passport ❑ Driving License ❑ Aadhaar Card ❑ Voter Identity Card ❑ NREGA CARD ❑ Others Please Specify

CORRESPONDENCE / LOCAL ADDRESS DETAILS *(In case the PoA is not the local address or address where the customer is currently residing. To be declared only and no PoA is required)*
❑ Same as Current / Permanent / Overseas Address details *(In case of multiple correspondence / local addresses, Please fill 'Annexure A1')*
Line 1* :
Line 2 :
Line 3 : City / Town / Village :
State/U.T* : Pin / Post code : ISO -3166 Country Code :

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT * *(If Applicant is resident outside India for Tax purposes)*
❑ Same as Current / Permanent / Overseas Address details ❑ Same as Correspondence / Local Address details
Line 1* :
Line 2 :
Line 3 : City / Town / Village :
State/U.T* : Pin / Post code : ISO -3166 Country Code :

❑ CONTACT DETAILS *(Communications will be done on provided Mobile no. and Email-ID)*

Tel. (Off) : STD CODE Tel. (Res) : STD CODE Mobile :
FAX : STD CODE Email ID :

❑ DETAILS OF RELATED PERSON *(In case of additional related persons, Please fill 'Annexure B1' form)*

❑ Addition of Related Person ❑ Deletion of Related Person KYC Number (if available) :
Related Person Type: ❑Guardian Of Minor ❑Nominee ❑Assignee ❑Authorized Representative ❑Beneficial Owner ❑Beneficiary
Name*: Prefix First Name Middle Name Last Name

PROOF OF IDENTITY (PoI)* *(Mandatory if KYC number is not available. One Certified Copy of any one of the following Proof of Identity[PoI] needs to be submitted)*

❑ PAN : ❑ UID (Aadhaar) :
❑ Voter ID Card : ❑ NREGA Job Card :
❑ Passport Number : Passport Expiry Date : D D - M M - Y Y Y Y
❑ Driving License : Driving License Expiry Date : D D - M M - Y Y Y Y
❑ Others (any document notified by the central government) :

❑ OTHER DETAILS

Income Range : ❑ Below 1 Lac ❑ 5 Lac to 10 Lac ❑ 10 Lac to 15 Lac ❑ 15 Lac to 25 Lac❑ 25 Lac and above
Net Worth (In INR) : As on : D D - M M - Y Y Y Y
Educational Qualification : ❑Below SSC ❑SSC ❑HSC ❑Graduate ❑ Masters ❑Professional (CA, CS, CMA, Others)
Please Tick If Applicable : ❑Politically Exposed Person ❑Related to Politically Exposed Person
AnyOther Information :

APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

I would like to share my personal / KYC details with Central KYC Registry.

[Signature / Thumb Impression]

❑ Signature / thumb Impression of Applicant

Place :
Date :

ATTESTATION / FOR OFFICE USE ONLY

Documents Received : ❑Self-Certified ❑True Copies ❑Notary
Risk Category : ❑High ❑Medium ❑Low

IN PERSON VERIFICATON DETAILS

Identity Verification : ❑ Done
Date : D D - M M - Y Y Y Y
Emp. Name :
Emp. Code :
Emp. Designation :
Emp. Branch :
Signature :

[Employee Signature]

INSTITUTION DETAILS

Name :
Code :
Stamp :

[Institution Stamp]